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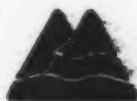
ABSTRACT

The Portland Touchstone Project is a school-based integrated services program that focuses on alcohol and drug prevention by developing family strengths, by improving family relationships, and by enhancing the resiliency of at-risk youth. Information on project activities, guidelines for future development, and an evaluation of the program from 1996-1997 are presented in this report. The evaluation of the project resulted in five major findings. It provided direct services to 772 at-risk children and their parents. The program sponsored 226 Family Unit Meetings which were attended by almost 900 individuals as the basis for their strengths-based interventions with families. Of the Touchstone case families, 70 showed significant improvement in family cohesion and family adaptability; students in grades 3 through 8 showed basic skills achievement gains. Although these youth did not achieve at the same level as a comparison group, the test scores indicate that participation in the project positively affects student learning. Finally, in a follow-up survey, approximately 92% of the parents surveyed reported that they were very satisfied with the project and had developed new family strengths. (RJM)

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Portland Public Schools



MULTNOMAH COUNTY

Touchstone Project

Evaluation Report, 1996-97

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Touchstone Project
Evaluation Report
July 1, 1996 - June 30, 1997

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Chapter 1. Overview of the Project

Introduction

The Touchstone Project is a school-based integrated services program that focuses on alcohol and drug prevention by developing family strengths and improving family relationships. The program provides a strengths-based intervention and case management approach for high-risk youth and their families to help them toward wellness and personal empowerment. In July 1996, Touchstone initiated a cooperative effort involving the Oregon Office of Alcohol and Drug Abuse Programs (OADAP), the Multnomah County Department of Community and Family Services and the Portland Public Schools Prevention Program (PPS). This report describes the results of this partnership during the 1996-1997 school year.

The goal of the Touchstone Project is one of the most demanding in the alcohol and drug prevention field — engaging high-risk families in working cooperatively with school and community efforts to strengthen the family, increase access to needed services, and improve the family's ability to support healthy, drug-free lifestyles for themselves and their children.

Overview of the Touchstone Project

The Touchstone Project is designed to strengthen families and reduce the risk factors associated with future drug involvement. The assumption underlying the Touchstone model is that all families want the best for their children, and even high-risk or alcohol/drug involved families can show considerable resolve, ingenuity, and adaptability in dealing with the stresses of their lives. Often these families are involved with several social welfare agencies and may be receiving scattershot services. Touchstone aims to integrate these services by bringing together the family and the community agencies to develop a coordinated plan to achieve the family's goals. By focusing on individual and family growth rather than deficits, Touchstone helps families to help themselves.

Touchstone began in two Portland schools in 1992. Since that time, it has expanded each year through local, state and federal grants. By 1996, Touchstone was being implemented in 16 Portland Public Schools and one East County school. Two of these sites were supported by the Oregon Office of Alcohol and Drug Abuse Programs, seven sites were administered by the Multnomah County Department of Community and Family Services and eight schools were

managed by the Portland Public Schools Prevention Program. In July 1996, with funding from Multnomah County, the two Touchstone administrative agencies began to develop closer working relationships designed to integrate program activities and evaluation activities in the 17 schools. The 1996-97 Touchstone schools include Beach Elementary, Boise/Eliot Elementary, Centennial Middle (East County), Counteract Program, Gray Middle, Humboldt Elementary, Jefferson High, Kelly Elementary, Kenton Elementary, King Elementary, Ockley Green Middle, Sitton Elementary, Tubman Middle, Vernon Elementary, Whitman Elementary, Woodlawn Elementary, and Woodmere Elementary.

The expected outcomes of the Touchstone Project include:

- Providing 200 high-risk K-12 students with intensive, targeted school-community services
- Enhancing the ability of 280 parents to support their children's drug-free development
- Improving student engagement and success in school
- Improving communication within the family
- Increasing the ability of schools to meet the needs of students at risk of drug involvement
- Improving collaboration between school and community-based service providers

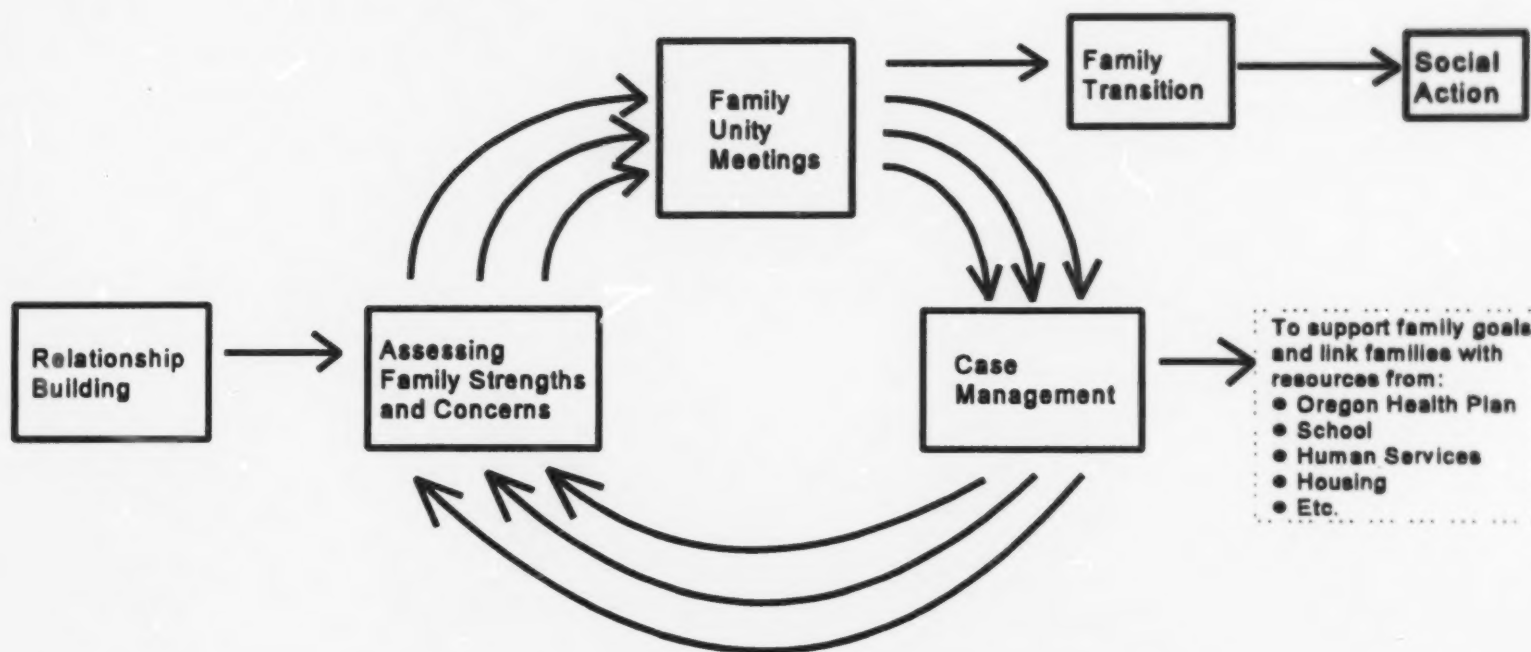
Prevention research has found that programs focused on reducing risks and enhancing resiliency are more effective in reducing drug involvement and mental health problems (Haggerty, 1994; Institute of Medicine, 1994; and Hawkins & Catalano, 1992). This risk and resiliency framework is based on the premise that problem behaviors are reduced as risk factors are diminished and resiliency is enhanced as healthy behaviors are increased. The Touchstone model uses both aspects of this framework to strengthen families by reducing risks and enhancing resilience.

The Touchstone model is an indication of a growing societal trend to integrate education and health services. State and local agencies such as the Oregon Department of Human Services, Multnomah County, the City of Portland, the Regional Drug Initiative, the Salvation Army, and others have been supportive of the Touchstone concept. The project plays an important role in addressing concerns over the social and economic costs of alcohol and other drug use and abuse.

Figure 1 illustrates the stages and themes of the Touchstone Project. The purpose of this report is to summarize findings from the 1996-97 evaluation of the Touchstone program. The information described in the report will document the project activities, the success Touchstone had improving the lives of children, and provide recommendations to guide the future development of the project.



Figure 1 Touchstone Project



Chapter 2. Implementation Summary

Program Description

The Touchstone Project is an integrated, multifocus model for examining substance abuse from a family system and life cycle perspective. The model emphasizes simultaneous interventions to the physical, social, psychological, and emotional factors which influence substance abuse. Using a holistic approach to substance abuse, the program addresses prevention, intervention, and treatment on a circular continuum, not as totally distinct entities. It also acknowledges that abuse needs to be addressed within a comprehensive advocacy and prevention strategy.

Substance abuse problems need to be placed within the context of other societal and family issues, such as poverty, sexism, racism, lack of social support, unemployment, and violence. Recent research on drug use clearly addresses the impact of social context on substance abuse. Koroloff, et al. (1994) describe how the social environment, particularly social isolation and limited sources of social support, is inextricably linked with health risk behaviors. Haggerty (1994) poses that substance use helps the working class to cope and that what is needed is to change their life contexts by decreasing stress and isolation, providing ongoing one-to-one support, decreasing the stresses of caring for children, and stimulating community support networks.

Two major frameworks provide the underlying structure for the Touchstone program:

- ◆ A prevention approach which builds on family strengths and competencies; and
- ◆ An integrated, multifocus model in which prevention and intervention, substance abuse and advocacy, diverse groups of families, and a variety of social contexts and family issues are linked in a holistic approach to prevention.

In 1996-97, the Touchstone Project was implemented in 17 schools in Portland. The program served more than 300 youth from preschool to grade 12 and their families. Touchstone provided coordinated, school-based services which link the efforts of families, schools, and community agencies to reduce the negative effects of alcohol and drug use, improve school performance and self-image, and increase strong, healthy family functioning. Touchstone's multi-tier levels of service vary sharply from traditional school interventions. One level of service is directed toward

parents or care givers of youth referred to the project. A second level of service is directed toward the youth and their siblings. The Touchstone staffs in the schools communicate frequently with parents to identify strengths, build support networks, and provide intervention services.

Building on the strengths and competencies of the family is the cornerstone of Touchstone. This empowerment approach is based on a competency vs. a deficit model. Touchstone staff promotes a philosophy which empowers by helping family members to identify and build on the strengths in their lives rather than the deficits. One example of this approach is to assist family members to frame their difficulties as efforts to connect, rather than as failures to separate or to disconnect. Another example would be to recognize and value an individual's strengths in their capacity for caring, empathy, and relationship building so that, as the individual feels more valued, their need for alcohol and drugs might be reduced and their resilience increase.

Another unique aspect of the Touchstone Project is the Family Unity Meeting. At these meetings, the Touchstone Specialist helps families identify their strengths, articulate concerns, set goals, and develop a plan of action to achieve their goals and improve the child's potential for success at home and school. The family and their support system work together at the Family Unity Meeting to develop a plan to achieve goals set by the family. These plans are often related to improving short-term outcomes for the family, such as locating housing, reducing family conflicts, or getting children to school on time. A Family Unity Meeting Agreement is completed to document the goals set by the family, responsibilities of each family member or concerned person, and follow-up steps. The families have set goals such as better communication; stress management; improving school attendance; reducing drug use; stabilizing family life (shelter, food, medical issues); developing positive attitudes; and supporting children through emotional trauma.

The underlying concept of the program is that by strengthening the family system, you strengthen refusal skills, enhance self-esteem, and promote decision making abilities of youth so they can resist the pressures to experiment with drugs. Touchstone, like many innovative prevention programs, uses a family-school partnership. Two family researchers, Oyemade and Washington (1989), maintain that the root of drug abuse lies in early learning and child-rearing practices. They list several factors common to families where children avoid drugs and delinquency: warm, positive family relationships; a shared family commitment to education and society values; sharing household tasks; high aspirations for children's success; attendance at religious services; strong family kinship networks; and family pride in children's accomplishments.

There are two aspects of Touchstone which are central to the original model — engaging families in the Family Unity Meeting and using a strengths-based intervention approach with families. The Touchstone training asserts that it is the Family Unity Meeting that makes this intervention unique to Touchstone. Without the Family Unity Meeting, this program could be any strengths-based family intervention. Yet, there has been and continues to be two different philosophies related to Family Unity Meetings and how they should be conducted.

The Multnomah County Touchstone staff use a formal, structured procedures for conducting Family Unity Meetings. Portland Public Schools, on the other hand, view the Family Unity Meeting on a continuum using formal or informal meeting process based on the needs of the family and the Touchstone staffs' current relationship with the family. The Multnomah County Touchstone staff did not view the Family Unity Meeting as central or a necessary part of the model, while the Portland Public School staff saw it as a core component of the program. These differing philosophies about the key elements of Touchstone need to be discussed and resolved by the program.

Program Staff

At each school, the program is implemented by a full-time Touchstone Specialist. These staffs have a background or experience in counseling, social work, alcohol/drug prevention, or family therapy. The Touchstone staffs are a culturally diverse workforce delivering services to a diverse population. They have flexibility to develop activities and explore strategies they feel will be most beneficial to the families and youth in the community they serve.

Touchstone staff introduce the model to the faculty, conduct intakes with youth referred by the principal, teachers, and other interested persons. Then, the Touchstone Specialist contacts the family and, using strengths-based methods, seeks to engage the family in plans and services to improve healthy family functioning. The Touchstone Specialist may meet with the child or family several times a week. They may have other indirect family contacts during the week as they work with school or community agencies on behalf of and in coordination with the families. This process enhances cooperation among home, school, and community agencies; sustains families while they improve self-determination skills; and empowers the family to achieve their goals. The Touchstone staff provides case management to support the family during this process. Finally, the Touchstone staffs help transition the family to a renewed level of family functioning and self-determination.

The dynamic quality and dedication of the staff are keys to Touchstone's success. Each of the Touchstone school staff brings unique and special talents to the project. They are dynamite in what they are able to go out and do with families. The bottom line is their respect of each other.

In 1996-97, several disruptions in staffing hampered project implementation. There was significant staff turnover among Multnomah County Touchstone, from supervisor to vacant school positions.

Program Components

Table 1 on the following page illustrates some of the school-based components of the Touchstone Project by site. Several Touchstone schools implemented academic tutoring, social skills tutoring, and conflict resolution sessions with youth. Most sites addressed therapeutic recreation in after-school and summer programs. Program components varied across the schools due to different interests and focuses of the school, staff, and community. The schools also renewed the model by adding special project activities that met the specific needs of their families and communities. Appendix A also gives examples of several Touchstone program activities.

Table 1. Matrix of Touchstone Project Components, 1996-97

Schools	Academic Tutoring	Social Skills Tutoring	Alcohol/Drug Supt. Groups	Parent Training	Summer Remediation	Field Trips	Family Nights	School Clubs	Community Service	Special Projects
Beach	•	•			•	•	•	•		Mentoring project and middle school transition
Boise/Eliot	•	•		•	•	•	•			Multi-cultural fair and community liaison
Centennial					•		•	•	•	Parent outreach
Counteract		•		•	•		•			Parent outreach
Gray	•	•	•	•	•	•	•	•		Domestic violence and diversity committees
Humboldt					•					Parent outreach
Jefferson	•	•		•					•	Community liaison and kinship program
Kelly	•	•		•	•	•	•		•	Community liaison
Kenton	•				•	•	•			Multi-cultural outreach, diversity training, and middle school transition
King	•	•		•	•	•	•	•	•	Parent volunteers, eye glasses, teen pregnancy prevention program
Ockley Grn		•		•						Parent outreach
Sifton	•				•					Parent outreach
Tubman	•	•		•	•			•	•	Transition to alternative schools and basketball
Vernon	•	•			•	•	•	•	•	Community liaison
Whitman		•		•	•	•	•			School newsletter
Woodlawn	•	•	•		•	•	•	•		Individ./group counseling, cross-cultural training
Woodmere		•		•	•	•	•		•	Mentor project and Project second wind

Note: All schools participated in the following inter-agency family services: Salvation Army Adopt-A-Family Christmas Program, Oregon Food Bank Community Baskets, Community Energy Project, Priority/Preferences for Housing Assistance, Brady Fund Christmas Shoe Giveaway, Family Literacy Program, Multnomah County Health Department Information and Referral, Strengthening Families Conference, Children and Young Adult Art Scholarship Program, and many others (see Appendix A).

Chapter 3. Evaluation Methodology

The evaluation of the Touchstone Project has been a collaborative effort between the program staff and the evaluator. This collaboration ensured that the information gathered through evaluation activities produced reliable evidence to assess program strengths and weaknesses. A variety of evaluation activities were conducted to gather information about the program. Some of these activities were quantitative, yielding numeric descriptions of the overall program implementation. Other evaluation activities produced qualitative or narrative descriptions of the program. This report presents a combination of both types of information.

The impact of the Touchstone Project should extend beyond the observable dimensions of academic progress; the program is designed to change individual and family behaviors to achieve healthier family functioning. Yet, the project affects different individuals in different ways and to a different extent. The intent of this evaluation is not to measure all outcomes of the program, but to identify some areas of growth facilitated by the project. Toward that end, this evaluation report focuses on five areas: 1) student demographics, 2) student achievement, 3) school attendance, 4) level of family functioning, and 5) components implemented in the schools. The study collected information to answer the following questions:

- What is the demographic profile of the students and families served by the project?
- To what extent do families reach their goals and report change in their situation as a result of their participation in Touchstone?
- To what extent has the project effected positive changes in Touchstone youth as compared to other students who are not participating in the program?
- To what extent are alcohol and drugs a concern for families? How many families follow through on referrals for help with these problems?

The evaluation used several methods to answer these questions, including the following:

Analysis of project records. Monthly meetings provided opportunities for Touchstone staff and others involved in the project, such as inter-agency representatives and community agents, to network and share information. Analysis of documents, such as *Student Intake Form*, *Family Contact Information*, and *Exit Form* helped to ascertain the level of program activity.

Family questionnaires. Families were asked to complete four self-report questionnaires:

- ◆ The *Family Contact Information Form* was completed by a parent/guardian at the intake to provide demographic information.
- ◆ The *Family Unity Meeting Agreement* form was used to document Family Unity Meetings, the type of goals set by families, and progress toward meeting their goals.
- ◆ The *Family Adaptability and Cohesion Evaluation Scale (FACES II)* pre and posttest were given to assess family functioning style. Scales measured family cohesion and family adaptability. The instrument was given to all parents and youth in grades 5-12 at intake and exit from Touchstone.
- ◆ A *Touchstone Family Survey* was administered to a sample of parents. The items assessed the family's level of satisfaction with Touchstone.

Student database information. The PPS student master database provided information on student grade level, ethnicity, achievement test scores and school attendance to measure achievement and school progress. These data provide statistical information on the characteristics of students.

Direct observation. Over the school year, the evaluator attended a sample of program activities and visited nine of the Touchstone schools. During these observations, she spoke with principals, teachers, students, and Touchstone Specialists. These observations provided another opportunity to receive feedback from school staff and participants directly involved in the program.

Limitations

Fidelity of implementation is a common issue in evaluation across multiple sites. In this evaluation, the researcher reviewed the level of program implementation at 17 schools. Data were consistently lacking from some Multnomah County sites. These sites did not implement the Touchstone evaluation as described in the training or complete the data collection necessary to document Touchstone cases. A variety of individuals, including the evaluator, attempted to provide assistance to these Touchstone staff to facilitate full implementation. Several months after the evaluation design was finalized, the Multnomah County administration added a second tier of evaluation requirements, the INFOS tracking system. This additional required record keeping system was burdensome to Multnomah County staff and necessitated duplicate documentation. The number and quality of data collected by Multnomah County staff was reduced because of this additional evaluation requirement.

Chapter 4. Results

Finding: *There has been an increase in the number of schools providing Touchstone services to families throughout Multnomah County in the last year.*

One of the successes of the Touchstone Project has been to increase the number of sites implementing the program to 17 schools, thus providing family unity services to hundreds of at-risk families and youth. In 1996, two administrative agencies that had sponsored the Touchstone Project in the past — Portland Public Schools and Multnomah County — were brought together through funding from the County. The Multnomah County Department of Community and Family Services supervised nine Touchstone staff, while Portland Public Schools Prevention Program oversaw eight Touchstone staff members. Touchstone staffs from the two agencies met monthly to share resources, discuss service delivery issues, and further their knowledge of the model.

Finding: *Touchstone serves a significant number of at-risk youth and their families.*

Table 2 presents information on the number of Touchstone participants by the level of participation in the project during 1996-97. A total of 772 individuals participated in Touchstone at some level during the year. Two levels of participation were defined for families in the program: "cases" and non-case "contacts." Of the families contacted by the project, 40 percent of the families completed the multistage process to be considered a Touchstone case. Touchstone "case" families have completed an intake form, family contact information, a FACES survey, and a Family Unity Meeting. Usually case families spend several months working with a Touchstone Specialist on goals they have set for themselves and their families. On the other hand, Touchstone "contacts" are families that do not complete the case process and have other informal connections with the project, usually of short-term duration. In the past, a full Touchstone caseload has been defined as 20-25 families per school. In 1996-97, the project served 312 case students at 17 schools for an average of 18.3 youth per school.

Table 2. Touchstone Participants by Level of Participation, 1996-97

Type of Participation	Touchstone "Cases"		Touchstone "Contacts" (non-cases)		Total	
	N	Percent	N	Percent	N	Percent
Total Participants	312	40.4%	460	59.6%	772	100.0%

Finding: Young males are more often targeted for Touchstone services than females. Family intervention services are directed primarily at grades one through four.

Table 3 describes the gender and grade level of Touchstone youth. A total of 312-youth in pre-kindergarten through grade 12 participated in Touchstone services. Overall, 58 percent of the youth were male (n=181) and 42 percent were female (n=131). Two-thirds of the youth were in grades PK-5 (n=206) because 11 of the 17 program sites are in elementary schools. In the elementary schools, grade four students were most frequently targeted for services (n=49) with grades one through three also frequently represented in the program. Twenty-four percent are middle school youth (n=74), and 10 percent are in high school (n=32).

Table 3. Touchstone Students by Gender and Grade Level, 1996-97

Grade Level	MALE		FEMALE		TOTAL	
	N	Percent	N	Percent	N	Percent
Grades PK-2	60	19.2%	37	11.9%	97	31.1%
Grades 3-5	57	18.3%	52	16.7%	109	34.9%
Grades 6-8	45	14.4%	29	9.3%	74	23.7%
Grades 9-12	19	6.1%	13	4.2%	32	10.3%
Total	181	58.0%	131	42.0%	312	100.0%

Finding: Touchstone serves a greater percent of African American youth and their families than are represented in Touchstone schools.

Table 4 compares the ethnicity of the Touchstone youth with other students in the Touchstone schools during 1996-97. The Touchstone students (n=312) were 1.3% American Indian, 34.9% Caucasian, 55.4% African American, 1.6% Asian American, and 6.7% Hispanic American.

Nearly 17% more African American youth received Touchstone services (55.4%) than are represented in the Touchstone schools population (38.6%). A comparison of ethnic backgrounds of Touchstone students to the ethnic populations in the Touchstone schools finds that several ethnic groups are under represented among project participants. The Touchstone Project had 10.5% fewer Caucasians, 3.8% fewer Asian Americans, 1.5% fewer American Indians, and 1.2% fewer Hispanic American youth than are represented in the student populations of the Touchstone schools in 1996-97.

Table 4
Ethnicity of Touchstone Youth and Schools, 1996-97

Ethnic Group	Touchstone Youth		Touchstone Schools	
	N	Percent	N	Percent
American Indian	4	1.3%	241	2.8%
Caucasian/White	109	34.9%	3937	45.4%
African American/Black	173	55.4%	3346	38.6%
Asian American	5	1.6%	466	5.4%
Hispanic American/Latino	21	6.7%	687	7.9%
Total	312	100.0%	8677	100.0%

Finding: Strong administrative support is a key to successful program delivery.

Strong administrative support for the program and the quality of the Touchstone Specialists in the schools have been important keys to the success of Touchstone. Like many change models, Touchstone can require up to a year for a new staff person to firmly establish the program in a school and achieve a full caseload of families. The skills, personality, and determination to succeed enabled the Touchstone Specialists to build rapport with youth and offer a stable foundation for families in crisis. Coming from diverse backgrounds, some of the staffs have had experience in schools and others had a background in social welfare programs, but together they have come to better understand how to work within the culture of the schools.

Table 5 compares the level of participation in the project at the two Touchstone administrative agencies — Portland Public Schools and Multnomah County. The Touchstone administrative agencies experienced very different levels of program implementation in 1996-97. Of the total of 772 Touchstone participants in 1996-97, 496 or 64 percent were from the eight PPS sites and 276 or 36 percent were from the nine Multnomah County sites.

Portland Public Schools Prevention Program had strong leadership and staff who were continuing in their Touchstone role at the same school as last year at all eight PPS sites. This consistency enhanced the program implementation at the PPS-managed sites. The Multnomah County Department of Community and Family Services experienced several staff changes and turnovers, including the Touchstone supervisor and staff at six of the nine County-managed sites. This may have hampered the full implementation of the program at the County sites during 1996-97.

Table 5
Level of Participation of Touchstone Participants by Administrative Agency

Level of Participation by Families	Multnomah County Sites (n=9)		PPS Prevention Sites (n=8)		Total Sites (n=17)	
	N	Percent	N	Percent	N	Percent
Touchstone "Cases" ¹	130	41.7%	182	58.3%	312	100.0%
Touchstone "Contacts" ²	146	31.7%	314	68.3%	460	100.0%
Total	276	35.8%	496	64.2%	772	100.0%

¹ Touchstone cases are families who complete a multistage intake process and participate in the program regularly.

² Touchstone contacts are other families who have limited connections with the project, usually of short-term duration.

Finding: Touchstone impacts the lives of at-risk youth and their families.

Research has indicated there is an increasing potential for drug use among youth as the number of risk factors increases. To monitor this, Touchstone gathered information on the number and type of risk factors and resiliency characteristics of youth referred to the project. Figure 2 displays the number of risk factors for the 312 Touchstone case students at intake. More than 25 percent of the youth (n=83) had five to eight risk factors. Forty youth had no risk factor identified at intake because the person referring the youth was not well acquainted with the family. Each individual who referred a student to the program was also asked to identify three resiliency characteristics for the child, such as likes school and attends regularly, has many friends, likes to help adults and other children, family shows love and care for child, and the child has stable housing.

Figure 2

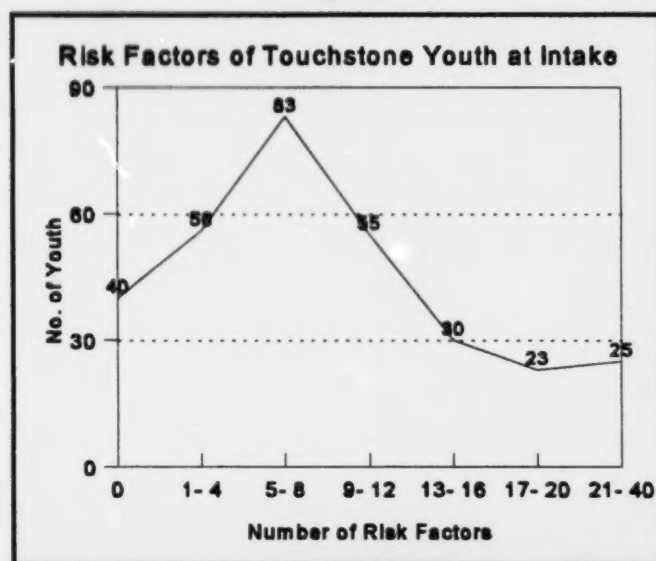
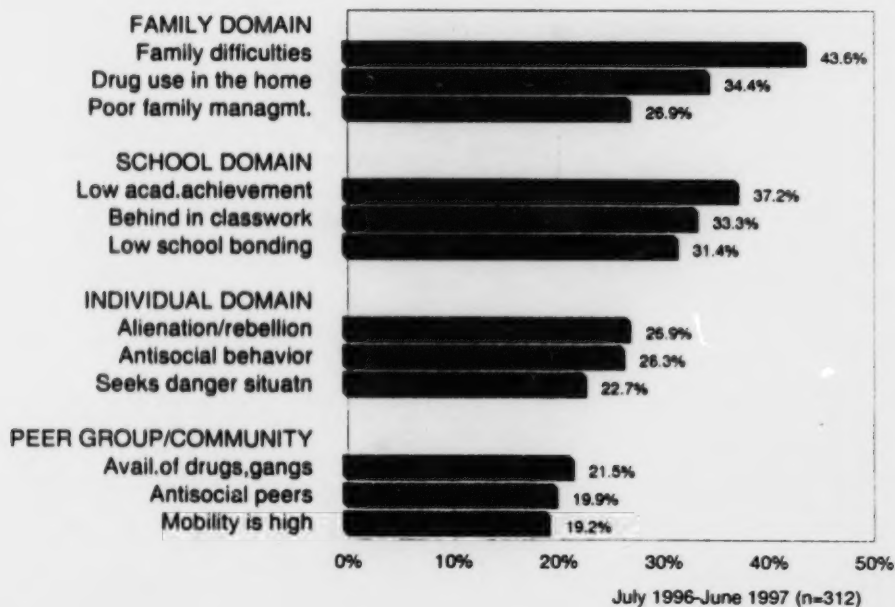


Figure 3 illustrates the top 12 risk factors at the time of intake for 312 Touchstone case youth. The data highlight the most frequently identified student risk factors in five domains: family, school, individual, peer group, and community. The top three risk factors among the Touchstone youth were: 1) family difficulties, 2) low academic achievement in school, and 3) drug use in the home.

In the family domain, the most frequently reported risk factors were: family difficulties, such as divorce or death in the family, experienced by almost 44 percent of youth ($n=136$); 34 percent of youth had lived with drug use in the home ($n=107$); poor family management experienced by 27 percent of students ($n=84$). The school risk factors included: 37 percent of the youth who had low academic achievement ($n=116$); 33 percent of the children had fallen behind in class work ($n=104$); and 31 percent of youth had low commitment to school ($n=98$). Among the individual domain, the most frequently identified risk factors were: alienation/rebelliousness among 27 percent ($n=84$); antisocial behavior shown by 26 percent of Touchstone students ($n=82$); and 23 percent of youth seeking dangerous or unsafe situations ($n=71$). The peer group and community risk factors most frequently reported were: the availability of drugs, gangs, and guns to 22 percent of youth ($n=67$); regular interactions with antisocial peers and high mobility by 20 percent of the youth and their families ($n=62$).

Figure 3

Student Risk Factors by Domain School, Family, Individual, Peer/Commun.



Finding: Touchstone uses strengths-based interventions and case management to help participants improve individual and family wellness and self-reliance.

Figure 4 displays information about Touchstone Family Unity Meetings. The school staff facilitated 226 Family Unity Meetings attended by 893 family members and other supportive individuals (623 adults and 270 youth). People who attend Family Unity Meetings are invited by the family to support the family in achieving their goals. Supporters include blended families, siblings, relatives, teachers, principals, grandparents, counselors, social service staff, and other concerned persons. A total of 182 Touchstone families attended one or more Family Unity Meetings.

Analysis of the Family Unity Meeting Agreements indicates that of 226 goals set by families, 28 percent of the goals were achieved ($n=64$), 62 percent were in progress ($n=139$), and 10 percent were not met ($n=23$). The goals most frequently met were: improved family communication; improved school attendance and grades; reduced alcohol/drug use; an improved family situation, such as shelter, food, medical care; and supporting youth through emotional trauma.

Figure 4
Touchstone Project
Family Unity Meetings, 1996-97

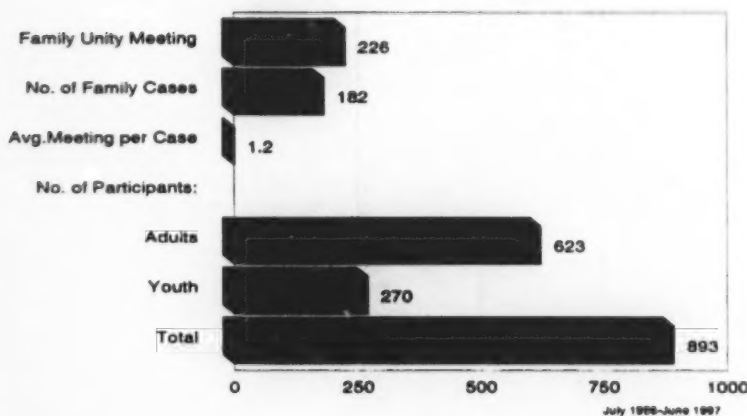


Table 6 on the following page summarizes the Family Unity Meetings for the project overall and by school. As noted earlier, a total of 893 individuals attended Family Unity Meetings last year. This number is exceptional because it represents an *unduplicated count* of the number of individuals who took part in Family Unity Meetings. Many family members and other support individuals participated in more than one Family Unity Meeting. The number of individuals attending Family Unity Meetings ranged from two to ten. A small meeting might involve

parents/care givers, siblings, and the Touchstone Specialist to confer on progress in meeting goals set by the family. More complex meetings brought together several individuals involved with the family, including siblings, relatives, teachers, counselors, and representatives of social service agencies to establish a coordinated plan for building family unity and strengths. Family Unity Meetings were defined differently by Multnomah County and PPS. Multnomah County Touchstone staff held a more formal, structured definition of Family Unity Meetings, while Portland Public Schools staff held formal or informal meetings based on the nature and preferences of the family.

The number of Family Unity Meetings varied by the type of school and administrative agency. Elementary schools averaged 15.4 Family Unity Meetings, middle schools averaged 8.6 meetings per school, and the high school held 14 Family Unity Meetings. The type of management agency also influenced the number of Family Unity Meetings sponsored by the schools. Multnomah County sites sponsored 56 Family Unity Meetings or an average of seven per site, while Portland Public Schools sites conducted 170 Family Unity Meetings or an average of 18.9 per site. The staff had different training in Family Unity Meetings and this impacted the project implementation

Table 6
Family Unity Meetings by Project and School, 1996-97

Project / School	No. of Cases	No. of Family Unity Meetings	Average No. of Meetings per Family	Family Unity Meeting Participants		
				Adults	Youth	Total
Touchstone	182	226	1.2	623	270	893
Beach	9	9	1.0	34	13	47
Boise/Eliot	16	29	1.8	91	38	129
Centennial	8	9	1.1	34	13	47
Counteract	12	12	1.0	27	12	39
Gray	5	5	1.0	26	6	32
Humboldt	7	8	1.1	27	11	38
Jefferson	12	14	1.2	23	17	40
Kelly	5	6	1.2	15	3	18
Kenton	12	13	1.1	33	31	64
King	30	43	1.4	116	53	169
Ockley Green	3	3	1.0	8	3	11
Sitton	5	6	1.2	23	3	26
Tubman	13	14	1.1	34	16	50
Vernon	11	17	1.5	32	18	50
Whitman	5	6	1.2	17	2	19
Woodlawn	22	22	1.0	51	23	74
Woodmere	7	10	1.4	32	8	40

Finding: Touchstone participants showed significant improvement in healthy family functioning, especially in family cohesion and family adaptability.

The Family Adaptability & Cohesion Evaluation Scale (FACES II) was used to assess the family functioning style (Appendix B). Two scales on the instrument measure family adaptability and family cohesion. *Family cohesion* assesses the degree to which family members are connected to or separated from their family. Cohesion is defined as the emotional bonding that family members have toward one another. There are four cohesion levels: very connected, connected, separated, and disengaged. *Family adaptability* assesses the extent to which the family system is flexible and able to change. Adaptability is defined as the ability of a family to change its power structure, role relationships, and family rules in response to situational and developmental stress. There are four adaptability levels: very flexible, flexible, structured, and rigid. Together the two perspectives yield a *Family Type* which taps the complexity and richness of the family system. Figure 5 illustrates the family functioning levels and scales defined by the Family Circumplex Model (Olson, 1989). Overall, the top two levels are hypothesized to be most viable for healthy family functioning and the lower two levels are seen as more problematic for families over time.

Figure 5.
Levels of Family Cohesion, Adaptability, and Family Type (FACES II)

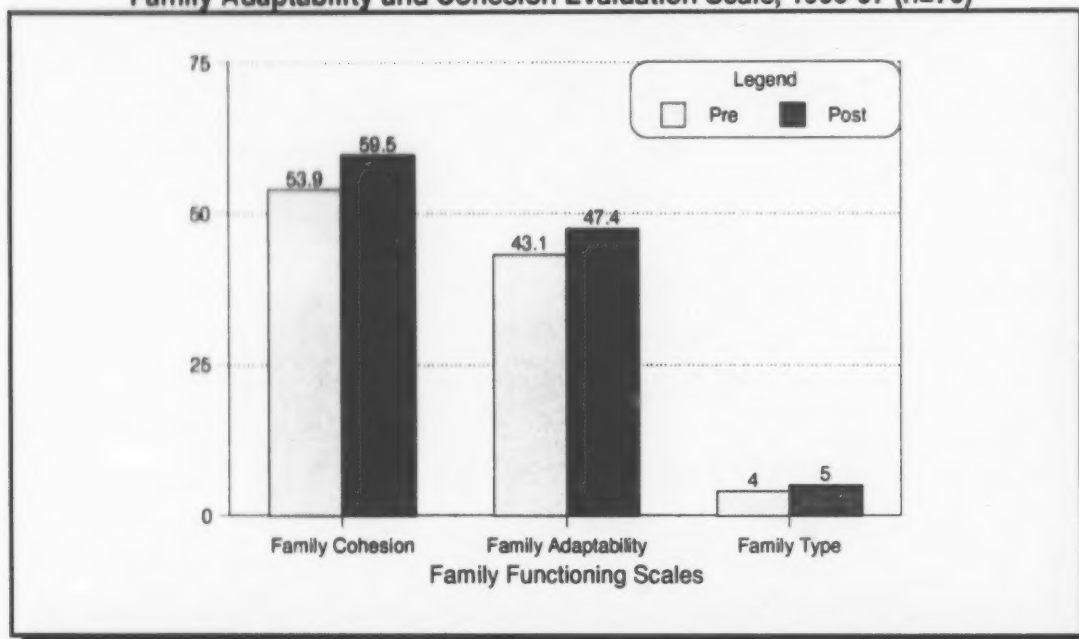
LEVEL	COHESION	ADAPTABILITY	FAMILY TYPE
Healthier Functioning	Very Connected	Very Flexible	Balanced
	Connected	Flexible	Moderately Balanced
More Problematic	Separated	Structured	Mid-Range
	Disengaged	Rigid	Extreme

Figure 6 shows the results of the FACES II pre and posttest with Portland Touchstone participants during 1996-97. Pre-post data were analyzed for a sample of 70 individuals (86 parents and 63 students in grades 5-12) who had participated in Touchstone for at least five months. Analysis of the data indicates that before taking part in Touchstone, participants had a cohesion mean score of 53.9 (separated), an adaptability mean score of 43.1 (structured), and a family type mean score of 4 (mid-range). The pre-program results indicate family functioning that may be problematic for families over time.

After receiving Touchstone services, participants had a cohesion mean score of 59.5 (connected), an adaptability mean score of 47.4 (flexible), and a family type score of 5 (moderately balanced).

The mean scores of the 70 individuals with intact pre and post-FACES assessments show a strong positive trend toward more healthy family functioning for families who participate in the Touchstone Project. These results, from a large sample of families who have received at least five months of program services, indicate that *Touchstone families have shown significant improvement in family cohesion and family adaptability.*

**Figure 6. Mean Family Functioning
Family Adaptability and Cohesion Evaluation Scale, 1996-97 (n=70)**



Finding: *Student achievement gains of Touchstone youth in reading and mathematics are lower than comparison students.*

The study also investigated academic achievement and school attendance of Touchstone youth and comparison students. Although Touchstone is not designed to directly impact basic skills, there is a strong link between family involvement in a child's education and improved school performance. Student achievement in reading and mathematics was measured by the Portland Achievement Levels Tests (PALT). The PALT tests are administered each spring to district students in grades three through eight. Students' academic data were analyzed at baseline in spring 1996 (a year before Touchstone began) and in spring 1997 (after year one of Touchstone). Achievement data are best analyzed by grade level. There were sufficient numbers of Touchstone youth in grades three through eight for meaningful analysis; PALT tests are not given to students in kindergarten through grade two or high school students.

Table 7 compares the mean student achievement scores of Touchstone students in grades three through eight with two comparison groups. The first comparison is students in the same grade, classroom, and risk factor profile as the Touchstone youth at intake. The second comparison group is district students in the same grade. Test scores indicate that the Touchstone and comparison groups had similar reading and math achievement at baseline, except at grade eight. Touchstone students had lower reading and math scores than the class and District populations.

There were methodological problems in the composition of the classroom comparison group. The researcher attempted to obtain a matched comparison group for Touchstone youth by asking a sample of classroom teachers to recommend two or three non-Touchstone youth of similar family background, ethnicity, and achievement level as classroom comparison students. While this comparison group may be an appropriate match to the Touchstone youth in grade level, ethnicity, and risk factors, they were not equivalent in student achievement. The comparison students had higher achievement level test scores at baseline (spring 1996) than the Touchstone youth. Therefore, the analysis of achievement data should be viewed with some caution as the classroom comparison is not as equivalent as was anticipated when this comparison method was selected.

Analysis of achievement by subject area indicates that Touchstone students gained an average of 4.2 RIT score points in reading between 1996 and 1997 compared to their District and classroom counterparts who gained 5.4 RIT score points during the same period. In mathematics, Touchstone youth gained 4.98 RIT points, while the comparison group gained 5.6 RIT points and District students averaged a gain of 6.9 RIT score points. Overall, the achievement gains of Touchstone students were similar or lower than gains by the comparison groups.

Analysis of student achievement by grade level found that grade three Touchstone youth had similar academic achievement to their class comparison group; both groups had achievement levels that were lower than the district average. In grade four, student achievement gains for Touchstone and comparison students were similar in reading (8.2 and 8.3 respectively), but in math, Touchstone participants scored lower than their grade level counterparts (6.3 vs. 7.2). Touchstone fifth graders gained 3.1 points in reading and 2.2 points in math on the PALT scale, while the comparison group gained 5.3 and 5.4 points respectively; these mean gain differences are more than would be expected by chance and indicate that comparison students had greater mathematics growth than Touchstone youth. In grade six, Touchstone students had lower reading and math scores and gains than the class and district populations. In grade seven, Touchstone

youth again had lower reading gains, but in mathematics the Touchstone seventh graders had significantly higher gains than the comparison groups. In grade eight, student gains for Touchstone and comparison group students were similar in reading (4.1 and 4.5 respectively), but in math, Touchstone participants scored lower than their grade level counterparts (2.4 vs. 5.4).

Table 7. Student Achievement Gains, Grades 3 through 8
PALT Reading and Mathematics, 1996-97 (clear and intact)

	READING				MATHEMATICS			
	N	Spring '96	Spring '97	Gain	N	Spring '96	Spring '97	Gain
Grade 3								
Touchstone	24	N/A	189.9	N/A	25	N/A	192.8	N/A
Comparison	23	N/A	190.5	N/A	27	N/A	193.6	N/A
District	3907	N/A	200.4	N/A	3885	N/A	202.1	N/A
Grade 4								
Touchstone	43	191.6	199.8	8.2	46	197.2	203.5	6.3
Comparison	37	193.6	201.9	8.3	38	199.5	206.7	7.2
District	3203	200.7	209.8	9.1	3096	203.1	213.8	10.7
Grade 5								
Touchstone	36	204.1	207.2	3.1	39	208.8	211.0	2.2
Comparison	39	203.5	208.8	5.3	40	206.6	212.0	5.4
District	3300	209.1	215.4	6.3	3202	212.9	220.5	7.6
Grade 6								
Touchstone	14	208.5	210.6	2.1	16	209.2	212.3	3.1
Comparison	45	210.6	215.1	4.5	41	214.1	218.5	4.4
District	3181	213.0	217.3	4.3	3070	218.7	223.3	4.6
Grade 7								
Touchstone	16	210.9	214.8	3.9	18	199.9	210.8	10.9
Comparison	47	215.3	219.8	4.5	43	209.6	215.4	5.8
District	3236	217.5	222.3	4.8	3176	223.0	229.4	6.4
Grade 8								
Touchstone	15	204.8	208.9	4.1	17	211.5	213.9	2.4
Comparison	35	219.6	224.1	4.5	33	226.3	231.7	5.4
District	3155	222.4	226.0	3.6	3103	229.9	235.0	5.1

Why does an examination of student achievement matter to a family intervention program? Multnomah County has identified a benchmark for its programs with the aim that students make

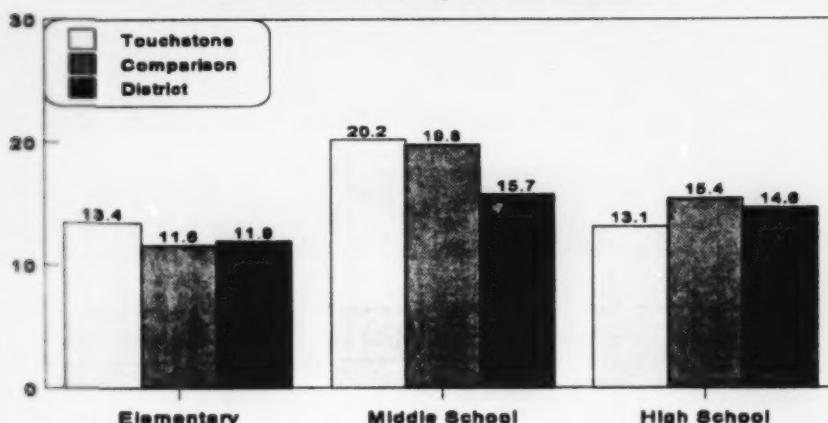
satisfactory progress toward graduation. Results indicate four findings related to student achievement — 1) Touchstone youth in grades three through eight showed student achievement gains between 1996 and 1997, 2) Touchstone youth had lower gains than the comparison, perhaps due to limitations in the methodology of selecting the comparison group, 3) Touchstone seventh graders gained significantly more in math than comparison youth, 4) in grades four and eight, Touchstone and comparison students showed similar reading gains.

A secondary analysis attempted to further investigate the link between achievement and family functioning. Test scores from 31 youth whose families had improved family functioning on the pre-post FACES surveys were analyzed to see if improvements in achievement were also evident. There were not sufficient numbers of students at most grades for meaningful analysis. Future research might explore the relationship between family functioning and student achievement.

Overall, the analysis of student achievement scores indicates that no significant trend in the achievement levels of Touchstone participants. The reading gains of Touchstone youth in grades four and eight and the mathematics gains of seventh graders suggest that student achievement may be improved by a healthier family system and participation in Touchstone.

Figure 7 compares the number of annual days absent from school for Touchstone youth, the classroom comparison, and the District. In 1996-97, the mean number of days absent for Touchstone elementary students (n=103) was 13.4 days. The comparison students (n=99) averaged 11.6 days absent which approximates the district average for elementary students of 11.9 days absent per year. Among the Touchstone Project schools, middle school Touchstone students (n=74) missed the most school days, about 20 days absent in 1996-97. The middle school comparison group (n=52) averaged 19.8 days absent, again slightly higher than the district mean for middle school students of 15.7 days absent. Some middle school Touchstone youth had alcohol and drug discipline violations which resulted in mandatory attendance at the District's Counteract program. While at Counteract, student absences are tracked and reported back to the youths' regular schools. The higher absence rates at middle school may be indicative of these youth. Touchstone high school students (n=32) were absent an average of 13 days per year, while the comparison group (n=18) averaged 15 days missed per year which approximates the District mean for high school students of 14.6 days absent per year. Overall, Touchstone elementary and middle school students were absent more frequently than the district average, but high school Touchstone participants were absent less often than their district counterparts.

**Figure 7. Number of Days Absent, 1996-1997
Touchstone and Comparison Students**



Finding: Families report positive changes in family bonding and commitment to school.

Family follow-up questionnaires were conducted with a sample of 23 families who had participated in Touchstone activities for at least six months. The questionnaire asked parents their views on Touchstone's assistance with family goals, impact on family life, use of community resources, substance abuse issues, and their satisfaction with the Touchstone Project. It is important to note that Touchstone is a voluntary program for all of the families who participate in its services. People are recruited based on the referral of a high-risk student to the project, not any stratified selection criteria. Thus, the results of the follow-up survey with families are a sample and may reflect those biases. All of the interviewed parents reported they had made significant progress in meeting their family goals.

Table 8 presents information on the parents' perception of the impact of Touchstone on their family, their overall satisfaction with the program, and the number of families that identified alcohol and drug use as an issue for a member of their family. In the table, 96 percent of the families (n=22) reported they were well satisfied with Touchstone, 87 percent of the families (n=20) reported that they had developed new family strengths during their participation with the project. Touchstone linked families with community resources to support the family and 78 percent of the families stated that they had used these community resources. Alcohol and drug use was identified as a problem in 65 percent of the households. These families were referred to outside resources for assistance with the substance abuse issues and 45 percent of the families followed-up on the referral to outside resources. A total of 87 percent felt their family was much better able

to cope with problems and stresses. More than 60 percent stated they were much more involved in school-related activities.

Table 8. Summary of Family Follow-Up Questionnaire (n=23)

Item	Cases	YES		NO	
		N	%	N	%
1. Are you satisfied with Touchstone?	23	22	95.7%	1	4.3%
2. Have you developed <i>new</i> family strengths?	23	20	87.0%	3	13.0%
3. Did you use community resources that Touchstone referred you to?	23	18	78.3%	5	21.7%
4. Was a substance abuse problem identified in any members of your household?	23	15	65.2%	8	34.8%
5. Did participation in Touchstone increase your knowledge & awareness of alcohol/drug issues?	23	13	56.5%	10	43.5%
Item	Cases	Much Better		No Impact	
6. What changes do you see in your family's ability to cope with problems and stresses?	23	20	87.0%	3	13.0%
7. To what extent are you more involved in school and school-related activities?	23	14	60.9%	9	39.1%

Chapter 5. Conclusions and Recommendations

Families are a child's first and most trusted support system, and yet, familial support and participation in service systems have traditionally not been a priority. The Touchstone Project has reversed this trend. Today, through the support and advocacy of Touchstone, many families in Multnomah County have been empowered to successfully negotiate between and among the education, health care, substance abuse, mental health, welfare, and youth services systems.

Collaborating with families and strengthening their access to needed social welfare services is central to the Touchstone Project. The program enjoyed much success in 1996-97 by realizing the goal of implementing appropriate, integrated services which brought together the strengths of the family and the schools. Touchstone was designed to raise the standard of domestic relationships for youth and their families. As a result of the implementation of this program, hundreds of Multnomah County families have benefitted from enhanced social and educational services. In addition, the project has helped to reorient family-school interactions to build a partnership in which service planning reflects the input of families' goals, knowledge, and culture.

The evaluation of the 1996-97 Touchstone Project resulted in five major findings. First, the project provided direct services to a significant number of at-risk children and their parents (n=772). Second, Touchstone sponsored 226 Family Unity Meetings attended by almost 900 individuals as the basis for their strengths-based interventions with families. Third, 70 Touchstone case families showed significant improvement in family cohesion and family adaptability as measured by the FACES II survey and the Family Circumplex Model. Fourth, Touchstone students in grades three through eight showed basic skills achievement gains as measured by the Portland Achievement Levels Tests. While Touchstone youth did not achieve at the same level as a comparison group of students, the test scores do indicate that participation in the Touchstone Project can positively affect student learning. Fifth, in a follow-up survey, approximately 92 percent of the parent surveyed reported they were very satisfied with Touchstone and had developed new family strengths. More than 65 percent of the parents reported assistance with substance abuse issues through their participation in the Touchstone Project.

While the successes of Touchstone are noteworthy, the project has been hampered by disruptions in staffing, both administrative and school-based, at several schools in the past year. There are also more children and families in need of Touchstone services than time and staff to serve them.

The extent of the need for services continues to cause concern for the project. In summary, the Touchstone Project is an innovative approach to prevention that should be continued and expanded for its benefit to families, youth, and its potential benefit to the community.

Recommendations

The following recommendations are offered for improving the Touchstone Project:

- The project may wish to develop a strengths-based eligibility profile or set of guidelines to better target families that can benefit from participation in Touchstone. In determining who are "appropriate" families, staff might clarify the criteria for entrance to and exit from the program.
- The Multnomah County Department of Community and Family Services and the Portland Public Schools Prevention Office may wish to establish an annual plan for clinical supervision and staff monitoring. While the flexibility and autonomy of the Touchstone model are some of the strongest assets of the project, in site-specific cases it has also been a weakness.
- The Multnomah County Department of Community and Family Services and the Portland Public Schools Prevention Office might consider establishing a coordinated program plan to continue and advance the collaboration between the two administrative agencies. The plan should include common goals, expectations for service delivery, meeting schedules, program monitoring activities, and evaluation.
- Stakeholders in the project seem to agree there is a need to renew the essence of Touchstone. There is a need to redefine the intake process, expand the definition of case families, revisit the role of the Family Unity Meeting, and create more continuity between administrative agencies.
- The Touchstone model has been evaluated for several years. The author recommends that the program not be evaluated for two years to stabilize program operations. Future research might explore the impact of Touchstone activities on longitudinal alcohol and drug use.

References

- Anderson, S.A. & Gavazzi, S.M. (1990). A test of the Olson Circumplex Model: Examining its curvilinear assumption and the presence of extreme types. *Family Process*, 29, 309-324.
- Benard, B. (1991). *Fostering resiliency in kids: Protective factors in the family, school, and community*. San Francisco, CA: Western Regional Center for Drug-Free Schools and Communities, Far West Laboratory.
- Capuzzi, David & Gross, Douglas R. (1989). *Youth at risk: A resource for counselors, teachers and parents*. Alexandria, VA: American Association for Counseling and Development.
- Dunst, Carl, Trivette, Carol, & Deal, Angela. (1988). *Enabling and empowering families: Principles and guidelines for practice*. Cambridge, MA: Brookline Books.
- Dunst, Carl, Trivette, Carol, & Deal, Angela. (1994). *Supporting and strengthening families. Volume One: Methods, strategies and practices*. Cambridge, MA: Brookline Books.
- Fetro, Joyce. (1991). *Step by step to substance use prevention: the planning guide for school-based programs*. Santa Cruz, CA: Network Publications.
- Haggerty, Robert & Mrazek, Patricia, Eds. (1994). *Reducing risks for mental disorders: Frontiers of prevention intervention research*. Institute of Medicine's Committee on Prevention of Mental Disorders. Washington, D.C.: National Academy Press.
- Haggerty, Robert J., et. al. (1994). *Stress, risk, and resilience in children and adolescents*. Rochester, NY: Cambridge University Press.
- Hawkins, J. David & Catalano, Richard F. (1992). *Communities that care: Action for drug abuse prevention*. San Francisco, CA: Jossey-Bass Publishers.
- Koroloff, N., Elliott, D., Koren, P., & Friesen, B. (1994). Connecting low-income families to mental health services: The role of the family associate. *Journal of Emotional and Behavioral Disorders*, 2(4), 240-246.

- Larsen, A. & Olson, D. (1990). Capturing the complexity of family systems: Integrating family theory, family scores, and family analysis. In *Family variables: Conceptualization, measurement, and use*. Draper, T.W. & Marcos, A., (Eds.), Newbury Park: Sage Publications, 19-47.
- Olson, D., McCubbin, H., Barnes, H., Larsen, A., Muxen, M., & Wilson, M. (1992). *Family inventories*. St. Paul, MN: Family Social Sciences, University of Minnesota.
- Olson, David H., McCubbin, Hamilton I., Barnes, Howard L., Larsen, Andrea S., Muxen, Marla A., & Wilson, Marc A. (1989). *Families: What makes them work* (updated edition). Newbury Park, CA: Sage Publications.
- Oyemade, Ura J. & Washington, Valora. (1989). Drug abuse prevention begins in early childhood and is more than instructing young children about drugs! *Young children*, 44, 6-12.
- Smart, L., Chibucos, T. & Didier, L. (June 1990). Adolescent substance abuse and perceived family functioning. *Journal of Family Issues*.
- Smets, A.C. & Hartup, W.W. (1988). Systems and symptoms: Family cohesion and adaptability and childhood behavior problems. *Journal of Abnormal Child Psychology*, 16, 233-246.

APPENDIX A

SAMPLE OF TOUCHSTONE PROGRAM ACTIVITIES TOUCHSTONE PROJECT, 1996-97

**PORTLAND PUBLIC SCHOOLS
EARLY CHILDHOOD EDUCATION**

HEAD START/ TITLE I OREGON PREKINDERGARTEN PROGRAMS

Family Literacy Program

ADULT BASIC EDUCATION (ABE)

GENERAL EDUCATIONAL DEVELOPMENT (GED)

ENGLISH AS A SECOND LANGUAGE (ESL)

GROUPS MEET:

Every Monday and Thursday Mornings

9:30 to 11:00 a.m.

and

Every Thursday Evening

6:00 to 8:00 p.m.

*** * ***

FAMILY READING CIRCLE

CAREER DEVELOPMENT

COMPUTER LITERACY

(Readiness)

GROUPS MEET:

Thursday Evenings

6:00 to 8:00 p.m.

Please see flyer for meeting dates

FREE CHILDCARE is available for children six (6) years
and younger!

ALL GROUPS MEET AT: SACAJAWEA HEAD START CENTER

4800 N.E. 74th Avenue

Portland, Oregon 97218

For more information call:

Lionel G. Johnson, Ph.D., Supervisor
at 280-5724 (Ext. 421)



The Salvation Army

Cascade Division
Adopt-A-Family Christmas Program

Dear Social Worker,

Christmas is coming soon and we are beginning our 1996 Adopt-a-Family program. Last January, I attempted to personally contact every Adopter and Adoptee for both positive and negative feedback regarding our program. We received some wonderful suggestions and as a result are making changes to our forms.

First of all, an in-home visit is absolutely required! We realize that you already visit these families on a regular basis, however the Adoptees will need your help in filling out the forms. Any adoptee who has not received an in-home visit with our forms will not be included in the program.

All forms must be filled out COMPLETELY and LEGIBLY. We are adding forms for "needed" items and "wished for" items. The Adopters do not have unlimited funds so all gifts will probably be in the \$35 range. As I do every year, I explain to the Adoptees that their Adopters will not be providing everything for Christmas. Thus, they should plan to exchange small gifts within their own families, too. We would appreciate it if you could emphasize this. I also require all adoptees to either give a thank you note at the time of delivery or to send it later. I DO follow up on this and those adoptees who do not extend a note of thanks might not be adopted in the future. As a former adoptee, myself, I can tell you that having something to give back to my Adopters gave me a wonderful feeling, even if it was only a note or card. I would also like to stress that anyone who was adopted by us or another agency last year, cannot be adopted this year. Adoption should be a once or twice in a lifetime occurrence and we are finding a large number of families who simply jump from one agency to another each year. Food baskets, however, are available every year for those families who are not adopted.

Another change to our forms will be that we will have a separate place for income verification, social security numbers, and driver's license numbers. We do not provide this information to adopters, but we do need it for internal Salvation Army records. We must also have TWO contact telephone numbers as well as a home telephone number. The majority of our Adoptees move or change their telephone numbers before Christmas thereby making it impossible for their Adopters to reach them.

In the past, we know how difficult it has been for you to reach me during the Christmas season. This year, rather than trying to get through on a telephone which is always busy, we will provide you with a FAX number for your and my use only. It is absolutely impossible for me to answer the stacks of telephone messages which come to me everyday and hopefully this way you will have greater access to me. In addition, I am planning to provide you with an updated list of your clients with the name of the company or individuals who have adopted them. Finally, to expedite your faxing, we are going to try to make the forms one-sided only. This may, however, increase the number of forms but it will be faster for you to send them to me if you do not have to turn them over.

We know how very hard you work and deeply appreciate your cooperation especially in filling out all the forms. If we have not received a complete set of forms for each client, we cannot adopt them out which is why we need you so much! Last year, we had one Social Worker who typed up a little vignette about each client. The Adopters easier to identify with the families when they knew a little about them. Thus, those clients tended to be adopted first. Hopefully, this is something which you could do and that we can reach more of your clients in a more expedient manner. Thank you for working so hard for The Salvation Army!

God Bless You! Sarah Aldrich and Bobi Magill Fax # 231-1839

Health Information & Referral

a program of Multnomah County Health Department

Phone: 248-3816
Hours: 8am-5pm Monday - Friday
Languages: Spanish, Vietnamese, Russian
Service area: Metro Portland / Tri-county (Multnomah, Clackamas, Washington counties)

- Services:** Provide information and referral for:
- County health clinics and social services
 - low income community health, social, and mental health services
 - dental care
 - immediate/urgent care health services
 - pregnancy & reproductive health services
 - prenatal and parenting services
 - HIV & sexually transmitted infections testing & treatment
 - immunizations (childhood and travel)
 - communicable diseases including TB, hepatitis, head lice
 - WIC nutrition programs
 - car seat loaner programs
 - environmental health including pollution, hazardous waste, nuisance complaints, animal control
 - food handlers cards, restaurant licensing and regulations
 - Triage nursing interpretation for Russian, Vietnamese, and Spanish speaking clients of county clinics

6/7/96

Oregon SafeNet

a program for Women, Children, and Teens

Hotline name: Oregon SafeNet

Hotline number: Metro Portland area (Tri-County) 306-5858 (voice/tdd)
Outside Metro area: 1-800-723-3638 / 1-800-SAFENET(voice/tdd)

Hours: 8:00am - 8:45pm, Monday - Friday

Languages: On-site Spanish available afternoons. At other times, AT&T
Language Line available with 144 languages

Service area: Oregon

Operating agency: Multnomah County Health Department, Oregon Health Division, and
Oregon Medical Assistance Program

Objectives: Provide health information and referral for:

- routine and urgent medical care
- immunizations and well-child care
- pregnancy tests
- prenatal care
- WIC nutrition programs
- low-cost birth control
- Oregon Health Plan information
- dental care
- services for children with special health needs or disabilities
- support services for teen parents
- testing and treatment of HIV and sexually transmitted diseases
- mental health services
- domestic violence services

As the state's Maternal & Child Health hotline, it is designed to link low-income Oregon residents with health care services in their communities.

Assists in identifying and prioritizing needs of callers with immediate, multiple health care concerns and providing callers with appropriate information concerning options.

Tracks and documents service gaps; provides follow-up and advocacy to insure that clients statewide access available services.

Teen Health InfoLine

a program of Oregon SafeNet for Women, Children, and Teens

Hotline name: Teen Health InfoLine
Hotline number: 1-800-998-9825 [voice/tdd]
Hours: 8:00am - 8:45pm, Monday - Friday
Languages: On-site Spanish available afternoons. At other times, AT&T Language Line available with 144 languages
Service area: Oregon

Operating agency: Multnomah County Health Department, Oregon Health Division, and Oregon Medical Assistance Program

Objectives: Provide accurate, non-judgmental sexuality information to adolescents and families as appropriate, including information about abstinence and sexually transmitted diseases including HIV.

Provide birth control information and referral to local family planning services for adolescents and families as appropriate.

Assist teens with questions concerning relationships and in dealing with pressures to engage in behaviors they find confusing (sexual activity, drug use including smoking, gang involvement, etc.)

Provide referrals to other local health and social services.

Identify family planning services, gaps in those services, and barriers to teenagers statewide, report the findings and provide advocacy for necessary services for teens.

Ensure that information and referral services delivered are culturally appropriate.

8/96

MEMO

November 6, 1996

TO: PPS STAFF

FROM: Kathy Taylor, PPS Direction Services

RE: Brady Fund & Christmas Shoe Giveaway

A reminder that the Brady Fund through William Temple House is still operating. Funds are available for school age children for item that **CAN NOT** be purchased by any other resources. Also, any purchase has to be directly related to the child's education.

Purchases that will **NOT** be allowed are: clothing, eye glasses, household expenses, etc.

Requests that **WILL BE** considered range from software or equipment for a specific child's education plan, prescriptions (ie: some scheduled drugs may be purchased), hearing aides, bus tickets for school related issues, etc. Funds are for regular and special education students.

If you have a request you can either call **Howard Erlich at William Temple House at 226-3021, ext. 214 or me at 916-5840, ext. 311**. When making a request to Howard it's helpful to put a memo together describing the child's need(s) and a brief history of the child. And how the item would benefit his/her education. Howard's fax number is **223-7836**.

ANNUAL SHOE GIVEAWAY & HOLIDAY PARTY

William Temple House will be holding its fourth annual shoe giveaway and holiday party for children (between the ages of 5 and 15 years old) **on Saturday, December 14, 1996 from 10am until 5pm**. The children will first meet at William Temple House where they will be transported on a school bus to a local shoe store. Each child will be allowed to pick out new pairs of shoes. A holiday party will follow with Santa Claus and other surprise guests. Refreshments will be provided to all.

All children will be expected to provide their own transportation to and from William Temple House. Each group of children must provide sufficient school adult supervision. Parents are invited to the party but may not necessarily be able to accompany the children on the bus.

If you know of a group of children who would be interested in participating, please contact Howard Erlich at the above number.. If your organization is chosen you will be notified about the event details.



PNCA

**CHILDREN AND YOUNG ADULT
ART SCHOLARSHIPS**
Continuing Education

Each semester, the Pacific Northwest College of Art, Continuing Education Program awards full and partial scholarships to children and young adults ages 4-17. The College is committed to providing financial assistance scholarships to students from groups traditionally under represented in the established arts community. Minority and economically or physically disadvantaged students are encouraged to apply.

The deadlines for scholarship applications are as follows:

SUMMER SEMESTER	1997	May 16
FALL SEMESTER	1997	September 13
SPRING SEMESTER	1998	January 17

The criteria for eligibility are: economic need, artistic ability and/or promise.

Scholarships, awarded through the Anna B. Crocker Program for Children and Young Adults, are made possible by a grant from the Herbert A. Templeton Foundation. The ABC Program has provided extensive art education courses for children and young adults since 1912. The faculty of practicing artist-teachers present in-depth, progressive instruction and encourage self expression.

Enclosed please find our Scholarship Form. The form may be photocopied and distributed as needed. If you know of individuals or organizations who would like to receive a scholarship application, please call Jennifer Shay, Program Coordinator at (503) 226-0462.

Greg Ware, Dean
Continuing Education Program

KINSHIP PROGRAM SUPPORT GROUP MEETING

WHEN Thursday, May 22, 1997

WHERE MCSSC, 5325 NE MLK JR BV

TIME: 6:00pm—8:00pm

CONTACT: Angela Johnson 280-6993 ext.207

An evening of fun, information and food for relative providers!!!

Childcare available upon request. Call ASAP to reserve a seat.



**Following meeting date is June 26, 1997.
MARK YOUR CALENDARS!!!**



PLANT SWAP AND

ALBERTA STREET PLANTING

Saturday April 19th

10am-2pm

10am-11am plant swap @
14th place and Alberta
11am-2pm Planting
flowers at the base of
trees on Alberta street

Wear gloves and bring
hand trowels and shovels!

Bring hardy perennials and self-seeding annuals to
share with your neighbors, and to plant along Alberta
street (i.e. Daisies, Iris, Calendula, Yellow cone flowers,
Asters)



Edgefield Children's Center

2408 SW Halsey Street
Troutdale, Oregon 97060-1097
503/492-4020 Fax 503/618-9782

Helping troubled children and their families succeed today to build stronger communities tomorrow.

Get a Clue An After-School Club for Girls 9-12 years

They believe:

- they can handle problems
- are masters of their own fate
 - are not alone
- people care about them, and
- that they make a difference in the world.

In Southeast: Monday 6-7:30PM
 Woodmere Elementary
 6540 SE 78th (at SE Duke and 78th)

In North Portland: Wednesday 3:30-5PM
 Boise-Elliott Elementary
 601 N. Fremont

"Get a Clue" is a teen pregnancy prevention program of Edgefield Children's Center, funded by a grant from Multnomah County Child and Family Services. It is a resiliency skill building program for girls 9-12 years old who may have experienced abuse and are vulnerable to teen pregnancy. Mothers are required to attend "Get a Grip" groups which meet at the same time and place as the girl's groups.

"Get a Clue" Groups are for girls 9-12 years old
"Get a Grip" groups are for Mothers
and

Membership is Free!

Please call Lauranell Scarfo for more information
and referrals - 665-0157 X346

STRENGTHENING FAMILIES

FRIDAY, APRIL 18, 1997

PORTLAND RED LION
LLOYD CENTER



GENERAL ASSEMBLY AND PRACTICAL WORKSHOPS DESIGNED FOR:

- Family Service Workers
- Educators
- Social Workers
- Administrators
- Parents
- Counselors

Humorous and inspiring presentations that teach prevention techniques and hopeful solutions for helping today's families.

Learn Prevention Techniques and Practical Strategies
You Can Use Immediately

SPONSORED BY

Portland Public Schools
Early Childhood Education
Head Start / Title 1 and
Oregon Prekindergarten Programs
Target Cities / Family Wellness Project

Organizations working with children and families face a full plate of issues in 1997, from how to run programs with scarce resources, to how welfare reform may affect the families we serve, and how to meet the demands of basic needs, education and medical services.

Working together we can use hopeful techniques to reach positive solutions. By focusing on facts and planning as communities we can help strengthen families and reduce stress in our lives. Participants will gain practical skills from this conference.

GENERAL INFORMATION APRIL 18, 1997

8:00 am - 9:00 am	Registration
9:00 am	Opening session General Assembly
12:30 p.m. - 1:30 p.m.	Lunch
2:00 p.m. - 4:00 p.m.	Workshops

REGISTRATION INFORMATION

Advance registration is requested.
Space is limited. Lunch is included with registration fee.

For additional information please call 916-5724

Register today!

PARKING INFORMATION

Parking is free for Participants at the Red Lion Motel.

Community Energy Project, Inc.

422 NE Alberta PO Box 12272 Portland, OR 97212 (503)284-6827 (fax)284-9403

October 17, 1996

Touchstone Project
5305 NE 24th Avenue
Portland, OR 97211

Dear Angela:

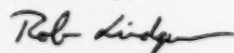
Thank you for expressing interest in our water conservation workshop. At our workshops, people learn how to detect water leaks inside and outside the home, make simple repairs to toilets and faucets, understand a water-sewer bill, and receive numerous tips on how to conserve water. The goal is to assist people in reducing their water, sewer, and plumbing bills.

All workshop participants will be provided with free water conservation kits valued at approximately \$25. These kits include a faucet aerator, replacement washers, toilet tumblers, watering cans, drought-resistant wildflower seeds, hose nozzles, informational materials, and more. The Water Bureau estimates that utilizing these materials can reduce water-sewer bills by \$80 annually.

The water conservation workshops are offered by the Community Energy Project and the Portland Water Bureau as a free public service. Evaluation responses from other community groups have been very positive. People have found the workshops to be informative, practical, and they enjoy the "hands-on" demonstrations and models. The information provided can help your families save money on their water-sewer bills for many years to come.

The workshops generally last 75-90 minutes. I am providing a list of upcoming water conservation workshops to refer your family clients to. Interested participants should call us to register. We could also present a water conservation workshop specifically for your families at one of your sites. Group sizes of 12-30 adults is ideal. I look forward to hearing from you soon. If you have any questions, please do not hesitate to contact me at 284-6827.

Sincerely,



Rob Lindgren
Project Coordinator

APPENDIX B

**FAMILY CIRCUMPLEX MODEL:
FACES II SCORING AND INTERPRETATION**

FAMILY CIRCUMPLEX MODEL: FACES II Scoring and Interpretation
 COMPARISON OF PRE AND POST LEVEL OF FAMILY FUNCTIONING
 TOUCHSTONE PARTICIPANTS, 1996-97 (n=70)

COHESION		
8	80 74	Very Connected
7	73 71	
6	70 65	Connected ←(POST)
5	64 60	
4	59 55	←(PRE)
3	54 51	
2	50 35	Disengaged
1	34 15	

ADAPTABILITY		
8	70 65	Very Flexible
7	64 55	
6	54 50	←(POST)
5	49 46	
4	45 43	←(PRE)
3	42 40	
2	39 30	Rigid
1	29 15	

FAMILY TYPE	
8	Balanced
7	
6	←(POST)
5	
4	←(PRE)
3	
2	Extreme
1	

Interpretation:

FAMILY COHESION assesses the degree to which family members are separated from or connected to their family. Cohesion is defined as *the emotional bonding that family members have toward one another*. There are four levels of family cohesion: very connected, connected, separated, and disengaged. The top two levels are seen as healthier bonding, while the lower two levels may be more problematic for family cohesion over time.

FAMILY ADAPTABILITY has to do with the extent to which the family system is flexible and able to change. Adaptability is defined as *the ability of a family system to change its power structure, role relationships, and relationship rules in response to situational and developmental stress*. There are four levels of adaptability: very flexible, flexible, structured, and rigid. The top two levels are more indicative of healthy family function.

Together these two perspectives yield a **FAMILY TYPE** which helps to tap the complexity and richness of the family system. The top two balanced levels are hypothesized to be most viable for healthy family functioning, while the lower two levels are seen as more

BEST COPY AVAILABLE

APPENDIX C

**PROGRAM EVALUATION INSTRUMENTS
TOUCHSTONE PROJECT, 1996-97**

TOUCHSTONE STUDENT INTAKE

Touchstone Specialist: Please complete the intake form at the time of referral with the person referring the youth.

Student _____ Date _____
 Student I.D. # _____ School _____ Grade _____
 Parent Name _____ Parent Phone _____
 Primary Referral Contact _____ Referral Phone _____

STUDENT/FAMILY STRENGTHS: (must be completed for Touchstone intake)

Touchstone builds on the strengths of students and their families. List 3 positive factors related to the student and family.

1. _____
2. _____
3. _____

Risk Factor Indicators: (check as many as apply)

☐ SCHOOL:

☐ ACADEMIC

- _____ Poor academic achievement
- _____ Low commitment to school/lack of interest
- _____ Falling behind in classwork
- _____ Ability/achievement disparity
- _____ Additional services (Chapter I, ESL, SpEd)

☐ ATTENDANCE

- _____ Absenteeism
- _____ Tardies
- _____ Suspension
- _____ Frequent nurse/counselor visits

☐ INDIVIDUAL:

☐ BEHAVIOR

- _____ Alienation and rebelliousness
- _____ Seeks unsafe/dangerous sensations
- _____ Lacks ethics/belief in a moral order
- _____ Early initiation of antisocial behavior
- _____ Current antisocial behavior
- _____ Attitudes favorable to antisocial behavior
- _____ Attitudes favorable to alcohol/drug use
- _____ Gang exposure/involvement

☐ PHYSICAL

- _____ Physical limitations: state _____
- _____ Poor nutrition/hygiene
- _____ Sleeping in class
- _____ Physical complaints
- _____ Physical injuries explained or suspected
- _____ Suspected alcohol/drug use
- _____ Reported alcohol/drug use

☐ ATTITUDE/BEHAVIOR CHANGE:

Do these indicators reflect a change from the student's past behavior?

_____ Yes _____ No _____ Don't know

☐ PEER GROUP:

- _____ Interaction with antisocial peers
- _____ Peer attitudes favorable to antisocial behavior
- _____ Peer alcohol/drug use
- _____ Change in peer group
- _____ Interaction with older social group

☐ FAMILY:

- _____ Poor family management
- _____ Poor family discipline practices
- _____ High family conflict
- _____ Low family attachment/alienation from family
- _____ Family history of antisocial behavior
- _____ Family attitudes favorable to antisocial behavior
- _____ Suspected alcohol/drug use in the home
- _____ Reported child abuse
- _____ Family difficulties (death, divorce, etc.)
- _____ Custody concerns

☐ COMMUNITY/NEIGHBORHOOD:

- _____ Low neighborhood attachment
- _____ Community disorganization
- _____ Transitions and mobility are high
- _____ Laws and norms favorable to drug use
- _____ Perceived availability of drugs, gangs, & guns
- _____ Inappropriate housing conditions

☐ OTHER AGENCIES INVOLVED:

- _____ Adult and Family Services
- _____ Children's Services Division
- _____ Court
- _____ Caseworker(s) _____ Other _____
- _____ Name: _____
- _____ Phone: _____

TOUCHSTONE FAMILY CONTACT INFORMATION

TOUCHSTONE SPECIALIST: Please complete the following information at your initial interview with the family. Tell the family this information will be treated as strictly confidential and will only be used to help you contact the family, learn more about them, and work more effectively with the family and child.

DATE OPENED: _____ DATE CLOSED: _____

(1) Household Head: (a) _____

Other Adults: (b) _____

(c) _____

(2) Address: _____

(3) City: _____ Zipcode: _____

(4) Home Phone: _____ Work Phone: _____

(5) Children: Name	(6) Sex	(7) DOB	(8) Race	(9) Grade	(10) School
Primary: (a) _____	<u>M</u> <u>F</u>	_____	_____	_____	_____
Other: (b) _____	<u>M</u> <u>F</u>	_____	_____	_____	_____
(c) _____	<u>M</u> <u>F</u>	_____	_____	_____	_____
(d) _____	<u>M</u> <u>F</u>	_____	_____	_____	_____
(e) _____	<u>M</u> <u>F</u>	_____	_____	_____	_____

(11) Student's Living Situation:
 Both natural parents _____ Parent & Step-parent _____ One parent _____ Parent & Sig. Other _____
 Grandparents _____ Other Relatives _____ Friend/Neighbor _____ Other _____

(12) Total No. Living in Home: _____ (13) Number of Children: _____ (14) Number of Adults: _____

(15) Length of time living at present address? _____ (16) Language spoken at home? _____

(17) Best time to reach you at home? _____ (18) Best times to reach you at work? _____

(19) Relative/friend we can reach you? _____ 20) Phone _____

MULTNOMAH COUNTY PORTLAND PUBLIC SCHOOLS

TOUCHSTONE PROJECT

TOUCHSTONE FAMILY UNITY AGREEMENT

DATE OF MEETING: _____

FAMILY NAME: _____

SCHOOL: _____

GOAL: _____

NAME	AGREES TO	BY THIS DATE	INITIALS	GOAL MET?
				Yes In Process No
				Yes In Process No
				Yes In Process No
				Yes In Process No
				Yes In Process No
				Yes In Process No
				Yes In Process No
				Yes In Process No
				Yes In Process No
				Yes In Process No

ADULT PARTICIPANTS: (check all and total at right)

- | | | |
|--|------------------------------------|--|
| ☐ Mother/Stepmother | ☐ Teacher | ☐ Touchstone Specialist |
| ☐ Father/Stepfather | ☐ Relative | ☐ Services to Children & Families |
| ☐ Significant Other | ☐ Counselor | ☐ Probation Officer |
| ☐ Grandparent(s) | ☐ Therapist | ☐ Clergy/Minister |
| ☐ Foster Parent | ☐ Friend | ☐ Other Adults |

YOUTH PARTICIPANTS (check all)

- | | |
|---|---|
| ☐ Primary Son | ☐ Younger Brother(s) |
| ☐ Primary Daughter | ☐ Younger Sister(s) |
| ☐ Older Brother(s) | ☐ Other Children |
| ☐ Older Sister(s) | |

TOTAL PARTICIPANTS:

No. of Adults: _____
 No. of Youth: _____
 Total Number of Participants: _____

FACES II: Family Version

Name: _____ Role: _____
 School: _____ Date: _____

1 Almost Never	2 Once in Awhile	3 Sometimes	4 Frequently	5 Almost Always
-------------------	---------------------	----------------	-----------------	--------------------

Describe your family:

- ___ 1. Family members are supportive of each other during difficult times.
- ___ 2. In our family, it is easy for everyone to express his/her opinion.
- ___ 3. It is easier to discuss problems with people outside the family than with family members.
- ___ 4. Each family member has input in major family decisions.
- ___ 5. Our family gathers together in the same room.
- ___ 6. Children have a say in their discipline.
- ___ 7. Our family does things together.
- ___ 8. Family members discuss problems and feel good about the solutions.
- ___ 9. In our family, everyone goes his/her own way.
- ___ 10. We shift household responsibilities from person to person.
- ___ 11. Family members know each other's close friends.
- ___ 12. It is hard to know what the rules are in our family.
- ___ 13. Family members consult other family members on their decisions.
- ___ 14. Family members say what they want.
- ___ 15. We have difficulty thinking of things to do as a family.
- ___ 16. In solving problems, the children's suggestions are followed.
- ___ 17. Family members feel very close to each other.
- ___ 18. Discipline is fair in our family.
- ___ 19. Family members feel closer to people outside the family than to other family members.
- ___ 20. Our family tries new ways of dealing with problems.
- ___ 21. Family members go along with what the family decides to do.
- ___ 22. In our family, everyone shares responsibilities.
- ___ 23. Family members like to spend their free time with each other.
- ___ 24. It is difficult to get a rule changed in our family.
- ___ 25. Family members avoid each other at home.
- ___ 26. When problems arise, we compromise.
- ___ 27. We approve of each other's friends.
- ___ 28. Family members are afraid to say what is on their minds.
- ___ 29. Family members pair up rather than do things as a total family.
- ___ 30. Family members share interests and hobbies with each other.

TOUCHSTONE EXIT FORM

Touchstone Specialist: Please complete this form to identify the reason(s) that the student and family left the Touchstone program.

DATE OPENED: _____ DATE CLOSED: _____

Family: _____

Child's Name: _____

School: _____

Touchstone Specialist: _____

1. Number of Family Unity Meetings held with this family? _____

2. Reason for Exit: (check any that apply)

- ☐ Family accomplished their goal(s).
- ☐ Family moved out of district.
- ☐ Student transferred to another PPS School and was referred to Touchstone.
- ☐ Student was referred to Touchstone program in another school district.
- ☐ Student transferred to another PPS School (non-Touchstone).
- ☐ Family or youth terminated services.
- ☐ Student in a new living situation (change in primary caregiver, guardian, or foster family).
- ☐ Unable to contact family; location unknown.
- ☐ Other (please specify) _____

3. Briefly describe the reason for closure with the student and family. Summarize your interactions, observations, impressions, and the impact of Touchstone services.
